EHRP SECURITY AUTHORIZATION FORM

☐ **New User Profile** ☐ **Inactivate User Profile** ☐ **Modify User Profile/Current User ID (_____)**	**Completed by Security Administrator:** **New User ID:** _____ **Row Security Code:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MI:** ____
(Please print)

TITLE: _____ **PHONE #:** _____

IC: _____   **EMAIL Address:** _____

Are you a Contractor? (Circle One): YES   NO   If YES, enter contract end date: _____
(MM/DD/YY)

ACCESS ADMIN CODE(S): * _____
* Users not in the Office of Human Resources require Dir-HR Center-Bethesda approval for admin code "HN" access (all of NIH)

CORE ROLES (Select 1 Only)

_____Agency Super User	_____HR
_____Agncy SU No S/W PM VO	_____HR (VO) No Comp Emp or HHS
_____Agency SU No S/W	_____HR & PosMgtViewOnly
_____Agency Power User	_____ HR (View Only)
_____Agncy PU No S/W PM VO	_____ Management (VO) No Comp Emp
_____Agency PU No S/W	

PAR WORKFLOW ROLES (Select As Many As Necessary)

_____PAR Requester	_____PAR Approver
_____PAR 1st Authorizer	_____Reviewer (PAR)
_____PAR 2nd Authorizer	_____PAR Processor

RECRUIT WORKFLOW ROLES (Select As Many As Necessary)

_____Recruit Requester	_____Recruit Approver
_____Recruit 1st Authorizer	_____Recruit Reviewer
_____Recruit 2nd Authorizer	_____Recruit Processor

SYSTEM SUPPORT / SUPPLEMENTAL ROLES

_____Agency SW Administrator	_____EEO (View Only) ****Requires EEO Approval**
_____Agency Table Maintenance	_____Department Tree/Table VO
_____HELP_POC_USER	

By signing this request form, the undersigned agree the requested access is required for the employee's position of record. The employee acknowledges receiving a copy of the NIH ADP Security Rules of Behavior, agrees to abide by its contents, and all other applicable ADP system security policies and procedures.

PLEASE RETURN THE SIGNED FORM TO THE EHRP SECURITY ADMINISTRATOR (ADDRESS IS AT TOP LEFT OF FORM).

EMPLOYEE SIGNATURE_____ Date_____

SUPERVISOR SIGNATURE_____ Date_____

HR MANAGER SIGNATURE _____ Date _____

DIR-HRC-B SIGNATURE * (If required)_____ Date _____

EEO OFFICER SIGNATURE ** (If required)_____ Date_____

EHRP ADMINISTRATOR SIGNATURE_____ Date_____

Revised by NIH: 04/16/04